

## Shall I not ask for whom the medical record is kept?

By Amy Chouinard

The receptionist eyed me incredulously, but I thought the question logical enough: we were moving and we wanted to take along a copy of our daughter's medical record. Thinking such a request would coincide with normal practice my husband and I were not prepared for the curt: "Her new doctor will have to write and ask for the chart, my dear. You certainly cannot have it — why that's out of the question."

Then it was our turn to be incredulous, but the rules stood. And a few months later when a different set of rules demanded a complete history and physical examination for our daughter, we attempted to formulate for the new doctor a history of which we knew very little.

It had never occurred to me that recording observations of motor developments or immunizations might not be for the patient's benefit. And the assurance of the new doctor that the record was really unnecessary didn't erase the question: for whom is a record kept?

The two people who have a direct stake in the record are the physician and the patient. The patient relies on the record as a composite jigsaw puzzle, which has various component puzzles but sums up the picture of his medical history. Although the value of the record during each component puzzle depends on the seriousness of the individual episode, the overall puzzle constitutes a picture not of a disease but of a person — the medical view.

The other person for whom there is a direct stake is the physician. Thorough medical records offer protection in medicolegal questions. The practitioner who examines a patient, records the results and pursues a treatment regimen is seldom the one whom the court declares negligent. Of course if a physician has practised bad medicine, documenting it will not help.

Further, good record-keeping offers research possibilities: epidemiological studies depend on statistics which can only be derived from records of some sort. The firsthand observations of a physician are one valuable source. So a physician does have tan-

gible rewards from succinct record-keeping.

But when a patient chooses a different doctor, the record left behind is of little value to the physician. The value of that record for the patient, however, does not substantially change. Each single episode may not be important; the conglomerate may. He should have the opportunity to reproduce that conglomerate accurately. If he is given a copy of the medical record, he will be spared fielding questions he is unqualified to answer. Besides, the patient is the obvious person to ensure continuity of his own care. Until a centralized world medical data bank eliminates the need, a patient should be not only allowed but expected to transfer medical background material when he changes physicians. And, in my opinion, the medical practitioner should supply a copy of the record upon the patient or guardian's written request.

The signature of the patient or guardian on the request form should dispel any legal responsibility a physician might have to keep records confidential. In fact, if a physician sells a practice, I do not believe a patient is even requested to give written permission for his record to be sold.

Sometimes, though, he is asked to consent in writing for release of medical information to insurance companies, potential creditors or employers. If he has not been given access to his own medical record, the legal implications should be carefully considered.

It has already been established in a court of law that the record belongs to the physician (and a hospital record belongs to the hospital). But what is the record, legally? Is it the pieces of paper? Is it the copyright? Is it the information itself? I don't care who owns the paper or the copyright, and I don't care whether the physician has the legal right to sell the record he has made of his observations. I do care that I should have the same access to information on my physical and mental health as the law now gives me to once-confidential information on my financial health.

Chapters, perhaps volumes, have been written about patients' consenting

to surgical and diagnostic procedures of which they have not been adequately informed. At times the results in such cases have prompted damage suits and judgements against well meaning doctors. As yet I know of no judgements allowing a patient was not adequately informed about the content of a medical record he released. But the results of the consent — albeit not physical — may be just as devastating to the patient. He may have to live with them just as long also. One-sided contracts, where the consumer is the only one who doesn't know, are becoming less acceptable. And after all, shouldn't he know?

Governments seem to be saying yes. Federal Health Minister Marc Lalonde's "A New Perspective on the Health of Canadians", and "A new concept of health care" by J.A. Clark (*Living Spring* 1974, p 426) emphasize that individuals must accept the responsibility for their own health. And yet patients are not even entrusted with accruing their own medical information and moving it with them.

Governments must recognize the duplication of services — especially tests — which must be attributable to one doctor's not knowing what another doctor has already done for a patient. When services are duplicated, costs rise unnecessarily. And the word overuse takes on real meaning.

Medicare pays for many fragmented services. And yet one service — that of giving the patient a copy of his medical record — which could help coordinate all the fragments and possibly reduce overuse — goes unheeded. I don't know of one fee schedule that covers that service. And that's a dis-service.

There are members of the medical profession who question the existing paradox. One strong proponent of focusing responsibility on the patient, Professor Lawrence Weed, provides all his patients with a copy of their problem list. The innovator of the problem-oriented medical record even goes so far as to say patient education requires it.

The question, according to Weed, is: how can I accept responsibility for changing problems I don't know exist? ■